



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of the Govt. of Assam)

Narakasur Hilltop, Bhangagarh, Guwahati-781032, Assam

Phone: 6026177313 (O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

Application form for Registration of Thesis for MD/MS Degree Course

- 1. Full Name (in block letters) :
- 2. Father's name in full :
- 3. Mother's name in full :
- 4. Present occupation and Address :
- 5. Permanent Address :
- 6. Year of passing the MBBS Examination :
- 7. University from which MBBS Exam passed :
- 8. Date of completion of Internship :
- 9. Date of joining 1st year P.G. Course :Session:
- 10. Date of completion of 1st year P.G. Course :Session:
- 11. Medical Council of India/State Medical Council (specify): Registration No:
- 12. Registration No. of Srimanta Sankaradeva University of Health Sciences:.....
- 13. Title of thesis (in block letters) :
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- 14. Name, Designation and Academic Qualifications (in short) of the teacher under whose supervision (as Guide/ Co-Guide) he/she has proposed to do research:
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- 15. Date of commencement of research :
- 16. Any Diploma course passed (Please tick “✓” on Yes or No) : Yes No
- If yes, name of the course :
- Year of Passing :
- Name of the College from which Diploma course passed :
- Name of the University from which Diploma course passed :
- Whether the Diploma course is approved/recognized by MCI :

17. Details of payment of requisite fees:

Amount of Fees paid	SBI Collect Reference No. (Please enclose copy of E-Receipt)	Date of Payment
1000/-		

.....
Signature of the Candidate

I/we certify that Dr. is scheduled to do research for his/her thesis under my/our guidance in the subject stated in the application.
I/we recommend registration of his/her thesis work for the MD/MS Degree.

- 1.
Signature with Designation of
Co-Supervisor (Co-Guide)
- 2.
Signature with Designation of
Supervisor (Guide)
- 3.
Signature of the Head of the Department

Principal
.....Medical College

Important: The fee is to be paid through online mode only using **SSUHS Fee Collect** available in University website www.ssuhs.in. A copy of E-Receipt is to be submitted along with the Application Form after 72 hours of successful payment.

Sl. No.
Date of Full Registration Year.....
(To be filled in by University)